

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	96		1/24/02
O.I.P.E. CLASSIFIER		8	02-07-02
FORMALITY REVIEW		71622	2-14-02
RESPONSE FORMALITY REVIEW		71622	4-4-00

INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral) ... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Date
Final Original	
1	✓
2	✓
3	✓
4	✓
5	✓
6	✓
7	✓
8	✓
9	+
10	✓
11	✓
12	✓
13	✓
14	✓
15	+
16	✓
17	✓
18	✓
19	0
20	✓
21	+
22	✓
23	✓
24	+
25	✓
26	✓
27	✓
28	✓
29	✓
30	+
31	✓
32	✓
33	✓
34	✓
35	✓
36	✓
37	✓
38	✓
39	✓
40	✓
41	✓
42	✓
43	✓
44	✓
45	✓
46	✓
47	✓
48	✓
49	✓
50	+

Claim	Date
Final Original	
51	✓
52	✓
53	✓
54	✓
55	✓
56	✓
57	✓
58	✓
59	✓
60	✓
61	✓
62	✓
63	✓
64	✓
65	✓
66	✓
67	✓
68	✓
69	✓
70	✓
71	✓
72	✓
73	✓
74	✓
75	✓
76	✓
77	✓
78	✓
79	✓
80	✓
81	✓
82	✓
83	✓
84	✓
85	✓
86	✓
87	✓
88	✓
89	✓
90	✓
91	✓
92	✓
93	✓
94	✓
95	✓
96	✓
97	✓
98	✓
99	✓
100	✓

Claim	Date
Final Original	
101	✓
102	✓
103	✓
104	✓
105	✓
106	✓
107	✓
108	✓
109	✓
110	✓
111	✓
112	✓
113	✓
114	✓
115	✓
116	✓
117	✓
118	✓
119	✓
120	✓
121	✓
122	✓
123	✓
124	✓
125	✓
126	✓
127	✓
128	✓
129	✓
130	✓
131	✓
132	✓
133	✓
134	✓
135	✓
136	✓
137	✓
138	✓
139	✓
140	✓
141	✓
142	✓
143	✓
144	✓
145	✓
146	✓
147	✓
148	✓
149	✓
150	✓

If more than 150 claims or 10 actions  
staple additional sheet here

(LEFT INSIDE)